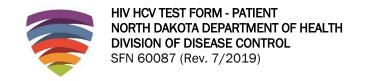


☐ Refer to Immunization Clinic

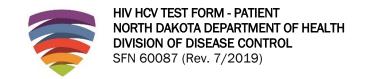
Session Date:	
Site ID:	

CTR Site Inf	SFN 60087 (Rev. 7/					Sit	е пл		
Site □ 0	CTR School S Community Health	helter 🗆 Outrea			☐ Public Pla	ice □ Si	ubstance /	Abuse Treatm	ent Facility
Client's Der	mographics								
First Name		Last Name			Birth Date			Country of Birth	
Street Address City			County		State	Zip Code	e Phone	Phone Number	
	☐ Hispanic or Latination ☐ Heading						-	rican Americar ☑ Refused 🏻 I	Not Specified
Current Ge	nder Identity: 🗆	Male □ Female Transgender Uns						Assigned Se ☐ Male ☐ F	
Insurance S	Status: ☐ Private	☐ Medicare ☐	Medicai	d □ Med	dicaid Expans	sion 🗆	No Insura	nce 🗆 Other	□ Unknown
Were you b	illed for the HIV Te	est? □ Yes □ N	lo V	Nere you	ı billed for the	e Hepati	tis C Test	? □ Yes □ N	0
Previous HI	V Testing								
Have You E	Been Previously Te	sted for HIV? \Box	Yes □ N	lo 🗆 Unk	nown		If yes, L	Date Tested: _	_/_/
If yes, Repo	orted Test Results:	□ Positive □ N	Negative	☐ Indete	erminate 🗆	Unknow	n □ Refu	ised 🗆 Prelim	ninary Positive
Previous HO	CV Testing								
	Been Previously Te	sted for HCV?] Yes □ N	No □ Un	known		If yes, I	Date Tested: _	/ /
	es, Reported Test		dy Positiv	e C	☐ HCV Antibo☐ HCV RNA N			HCV Positive Jnknown	
HIV & Hepa	titis C Test Inforr	mation - OFFIC	E USE O	NLY	_				
HIV Test Info	ormation	HIV Confirmatory	/ Test		HCV Test Inf	formation)	HCV Confirma	atory Test
Collection Date:/ Collection		Collection Date:			Collection Date://			Collection Date://	
Worker: Test	☐ Conventional	If rapid reactive, did client provide a confirmatory	☐ Yes☐ Refused☐ Could Not		Worker: Test	☐ Conv	entional	If rapid reactive, did client provide a confirmatory sample?	☐ Yes☐ Refused☐ Could Not
Technology:	☐ Rapid sa	sample?	Locate	е	Technology:	☐ Rapid ☐ Preliminary			Locate □ Referred
Result:	Positive Test ☐ Positive Result: ☐ Invalid		☐ Positive ☐ Indeterminate ☐ Invalid ☐ Negative		Result:	Positive Positive Negative Invalid		Test Result:	☐ RNA Positive☐ RNA Negative☐ Conf. Ab Pos.
Results Provided? ☐ Yes ☐ No ☐ Yes, client obtained results from another agency ☐ Results Provided ☐ Yes, client obtained results another agency		☐ Yes ☐ No ined results from		Results Provided? ☐ Yes ☐ No ☐ Yes, client obtained results from another agency		Results Provided? ☐ Yes ☐ No ☐ Yes, client obtained results from another agency			
Date Provided:/ Date Provided:/		Date Provided:				Date Provided:	/		
Date Provided		Date Flovided	 		Î		l'I		D Davidson
Why were results not provided?	☐ Declined Notification ☐ Could Not Locate ☐ Other	Why were results not provided?	☐ Could Loca	ication d Not te r	Why were results not provided?	☐ Cou Loca ☐ Othe	fication Id Not ate er	Why were results not provided?	☐ Declined Notification ☐ Could Not Locate ☐ Other
Why were results not provided? Check which If not, w	☐ Declined Notification ☐ Could Not Locate	Why were results not provided? It was also tested sed – Unable to Pa	Notif Could Loca Othe for: Chl ay Patie	ication d Not te r lamydia l ent Refuse	results not provided? Gonorrhea do - Other	Noti □ Cou Loca □ Othe □ Syphi Not Reco	fication Id Not ate er is mmended	results not provided?	Notification Could Not Locate Other
Why were results not provided? Check which If not, w For Chlamyo	Declined Notification Could Not Locate Other ninfections the clienthy: Patient Refus	Why were results not provided? It was also tested sed – Unable to Pase indicate which	Notif Could Loca Othe for: Chl ay Patie specimen	ication d Not te r lamydia l ent Refuse	results not provided? Gonorrhea do - Other	Noti □ Cou Loca □ Othe □ Syphi Not Reco	fication Id Not ate er is mmended	results not provided?	Notification Could Not Locate Other
Why were results not provided? Check which If not, w For Chlamyo	Declined Notification Could Not Locate Other ninfections the clienthy: Patient Refusilia/Gonorrhea, pleasitis Vaccine - O	Why were results not provided? It was also tested sed – Unable to Pase indicate which	Notif Could Loca Dothe for: Chl ay Patie specimen	ication d Not te r lamydia l ent Refuse	results not provided? Gonorrhea d - Other were collected	Noti Cou Loca Othe Syphil Not Reco	fication Id Not ate er is mmended ne/Vaginal	results not provided? by Provider Rectal P	Notification Could Not Locate Other Other haryngeal
Why were results not provided? Check which If not, w For Chlamyo	Declined Notification Could Not Locate Other Infections the client hy: Patient Refus lia/Gonorrhea, pleas itis Vaccine - O itis A and/or B vac	Why were results not provided? It was also tested sed – Unable to Pase indicate which FFICE USE ONL cine given?	Notif Could Loca Othe for: Chi ay Patie specimen Y	ication d Not te r lamydia l ent Refuse sources o If ye	results not provided? Gonorrhea d - Other were collected	Noti Cou Loca Syphil Not Reco	fication Id Not ate er is mmended ne/Vaginal	results not provided?	Notification Could Not Locate Other Other haryngeal Twinrix

☐ Private Vaccine Administered

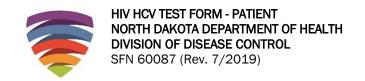


Sexual Health History	
1. Have you EVER had sex with a Male?	□ No □ Yes
In the past five years, have you had sex with a Male?	□ No □ Yes
2. Have you EVER had sex with a <u>Female</u> ?	□ No □ Yes
In the past five years, have you had sex with a Female?	□ No □ Yes
3. Have you EVER had sex with an individual identifying as <u>Transgender?</u>	□ No □ Yes
In the past five years, have you had sex with a Transgender Person?	□ No □ Yes
4. Have you <u>EVER</u> Injected Drugs?	□ No □ Yes
In the past 5 years, have you injected drugs?	□ No □ Yes
Have you ever Shared Equipment or Supplies While Injecting Drugs?	□ No □ Yes
Current Sexual Health Behaviors – Last 12 Months or Your Last Sexual	al Encounter Unless Otherwise Specified
My current sex partners are (Check All That Apply): ☐ Males ☐ Fema ☐ I have never had ☐ I have never h	
2. How many individuals have you had sex with in the past 60 days?	0 □1-2 □3-5 □>5
3. How often do you use condoms/other protection? □Always □Most of □I have not had se	the Time □Not that Often □Never ex in the last 12 months
4. What type of sex have you had in the past 12 months or since your las	t chlamydia/gonorrhea test? (Check All That Apply)
☐ I have not had sex in past 12 months ☐ Vaginal Sex ☐ Oral Sex - Unspecified ☐ Anal Sex - Unspecified ☐	Oral Sex - Perform
5. Have you used drugs in the past 12 months? ☐ Yes ☐ No ☐ Unkn	
If Yes: Methods of Drug Use (Check All That Apply): ☐ Inject ☐ Smoke	e □ Snort □ Ingest □ Unknown
6. Have you had anonymous sex partners? (ex. used dating apps or met at	t bar) □ Yes □ No □ Unknown
Additional HIV Risk Factors - Last 12 Months, Check all that apply.	
☐ Exchange sex for drugs/money ☐ Sex with Person Living with HIV	☐ Victim of human/sex trafficking
\square Sex with someone diagnosed with a STD \square Sex with someone who exchange	
☐ Previously diagnosed with a STD sex for drugs/money	drugs
☐ Sex under influence of drugs or alcohol☐ Victim of sexual assault☐ Sex with multiple partners☐ From Endemic HIV Region	☐ Patient requested testing
Additional HCV Risk Factors - Last 12 Months, Check all that apply.	
☐ Have HIV infection ☐ Mother had HCV infection	☐ Had sex with HCV infected individual
☐ Received blood clotting factors before 1987 ☐ Family member HCV Positive	
☐ Received blood transfusion or ☐ Receiving long-term hemodia	
organ transplant before 1992 ☐ Received tattoos or body	\square Sex with a person who injects drugs
☐ Abnormal liver tests piercings in a non-sterile sett	ing
PrEP Awareness, Referrals and Eligibility Screening	
1. Have you ever heard of HIV PrEP?	□ No □ Yes
·	□ No □ Yes
Are you currently taking HIV PrEP?	□ No □ Yes
	□ No □ Yes
Is the client <u>eligible</u> for a PrEP referral? \Box No	☐ Yes, CDC Criteria ☐ Yes, Local Criteria
Was the client <u>referred</u> to a PrEP provider? ☐ No	□Yes
Was <u>navigation</u> or linkage services provided to assist □ No with linkage to a PrEP provider?	□Yes



Essential Support Services - All Clients - OFFICE USE ONLY

1. Was the client <u>assessed</u> for health benefits navigation and enrollment needs?	□ No	☐ Yes
Was the client identified as <u>needing</u> health benefits navigation and enrollment services?	□ No	☐ Yes
Was the client <u>provided</u> or <u>referred</u> to services for health benefits navigation and enrollment services?	□No	□ Yes
2. Was the client assessed for evidence-based risk reduction intervention needs?	□ No	☐ Yes
Was the client identified as <u>needing</u> evidence-based risk reduction intervention services?	□ No	☐ Yes
Was the client <u>provided</u> or <u>referred</u> to evidence-based risk reduction intervention services?	□No	□ Yes
3. Was the client <u>assessed</u> for behavioral health service needs?		☐ Yes
Was the client identified as needing behavioral health services?	□No	☐ Yes
Was the client <u>provided</u> or <u>referred</u> to behavioral health services?	□No	☐ Yes
4. Was the client <u>assessed</u> for social services needs?	□ No	☐ Yes
Was the client <u>identified</u> as needing social services?		☐ Yes
Was the client was <u>provided</u> or <u>referred</u> to social services?	□ No	☐ Yes



Additional Questions - Persons Diagnosed with HIV - OFFICE USE ONLY 1. Did client receive individualized behavioral risk reduction counseling? □ No ☐ Yes ☐ Literally Homeless ☐ Unstably housed 2. By client's self-report, what was the most unstable ☐ Stably housed ☐ Not Asked housing status experienced in the previous 12 months: ☐ Declined ☐ Unknown 3. Is the client pregnant? □ No ☐ Yes ☐ Not Asked ☐ Declined to Answer ☐ Unknown Has the client received prenatal □ No ☐ Yes ☐ Not Asked ☐ Declined to Answer ☐ Unknown care during the pregnancy? Essential Support Services – Persons Diagnosed with HIV – OFFICE USE ONLY □ No ☐ Yes 1. Was the client screened for the need of navigation for linkage to HIV medical care? Was the client identified as needing navigation services for linkage to HIV medical care? □ No □ Yes Was the client provided or referred to navigation services for linkage to HIV medical care? □ No ☐ Yes □ No Was the client <u>screened</u> for the need of linkage services to HIV medical care? ☐ Yes Was the client identified as needing linkage services to HIV medical care? □ No ☐ Yes Was the client provided or referred for linkage services to HIV medical care? ☐ Yes 3. Was the client <u>assessed</u> for **health benefits navigation and enrollment** needs? ☐ Yes Was the client identified as needing health benefits navigation and enrollment services? □ No ☐ Yes Was the client provided or referred to services for health benefits navigation and ☐ No ☐ Yes enrollment? 4. Was the client <u>assessed</u> if they needed medication adherence support services? □ No ☐ Yes □ No ☐ Yes Was the client identified to need medication adherence support services? Was the client provided or referred to medication adherence support services? ☐ Yes 5. Was the client assessed for evidence-based risk reduction intervention needs? □ No □ Yes □ No ☐ Yes Was the client identified as needing evidence-based risk reduction intervention services? Was the client provided or referred to evidence-based risk reduction intervention services? □ No ☐ Yes Behavioral Health Services & Social Services - Persons Diagnosed with HIV - OFFICE USE ONLY 1. Was the client assessed for **behavioral health services** needs? □ No ☐ Yes Was the client identified as needing behavioral health services? □ No ☐ Yes Was the client provided or referred to behavioral health services? □ No ☐ Yes □ No 2. Was the client assessed for social services needs? ☐ Yes □ No Was the client identified as needing social services? ☐ Yes Was the client provided or referred to social services? □ No ☐ Yes